PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10757311

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER TH		
	·		(Column 1)		(Colu	(Column 2)		TYPE		OR			
TOTAL CLAIMS			48			- 1	Γ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	E	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	4 8 minus 20=		* 2-8			X\$ 9=		OR	X\$18=	504	
INI	DEPENDENT C	LAIMS	3 m	inus 3 =	* -			X43=		OR	X86=		
MU	JLTIPLE DEPEI	NDENT CLAIM F	RESENT					+145=		OR	+290=		
* 1	the difference	e in column 1 is	less than zero, enter "0" in colu			column 2	Ļ	TOTAL	 -	OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN	
		(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF M	Minus	i		=		X43=		OR	X86=		
L	THOTTMESE	TATION OF W	DETIFEE DET	PENDENT	CLAIM		Γ.	+145=		OR	+290=		
							L	TOTAL DIT. FEE			TOTAL ADDIT. FEE	·	
		(Column 1)		(Colum	ın 2)	(Column 3)	·AD	DII. FEE		. ,	ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= :		X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	PENDENT	CLAIM			145=			+290=		
							Ľ	TOTAL		OR	TOTAL		
								OIT. FEE.		OR A	DDIT. FEE		
_		(Column 1) CLAIMS	. 1	(Colum HIGHE		(Column 3)				_			
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	F		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T _x	(43=		_	X86=		
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700=		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** If	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
Ť	he "Highest Numi	ber Previously Paid	For" (Total or	Independen	t) is the h	nighest number f	ound i	n the appro	opriate box			ì	